

RECEIVED

OCT 22 2001  
TECH CENTER 1600/2900**CERTIFICATION REGARDING SEQUENCE LISTING**

Application Number	09/269,874
Confirmation Number	1745
Filing Date	August 2, 1999
First Named Inventor	BUJARD
Examiner	J. Grun
Group Art	1641
Attorney Docket No.	GRUE003

ADDRESS TO: Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

I hereby certify that the enclosed Sequence Listing is being submitted in paper copy and on a computer-readable diskette, and that the content of the paper and computer readable copies are the same.

I hereby certify that the enclosed submission includes no new matter.

Signature		Date	Oct 12, 2001	10-12-2001
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200	
City	Menlo Park	State	California	zip 94025
Telephone - Direct Dial	(650) 833-7710	Facsimile	650-327-3231	

**CERTIFICATE OF MAILING OR TRANSMISSION**

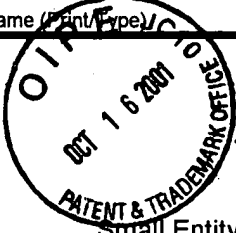
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231.

Name (Print/Type)	Cindy Hoang	Signature		Date	10-12-2001
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# CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print Type) Cindy Hoang Signature [Signature] Date 10-12-2001



## TRANSMITTAL

☒ Small Entity ☐ Large Entity

Application Number 09/269,874  
 Confirmation Number 1745  
 Filing Date August 2, 1999  
 First Named Inventor BUJARD  
 Examiner J. Grun  
 Group Art 1641  
 Attorney Docket No. GRUE003

TECH CENTER 1600/2900

OCT 22 2001

### ENCLOSED:

	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Amendment Under Rule	Total					\$ -
<input type="checkbox"/> 37 CFR §	Independent					\$ -
<input checked="" type="checkbox"/> Pages <u>6</u>	Multiple					
	Total Extra Claim Fees					\$ -

☐ Applicants Petition for an \_\_\_\_\_ to \_\_\_\_\_ A    month extension was previously filed and paid for thereby reducing the basic fee

☐ Response to File Missing Parts (with copy of formalities letter)


<input type="checkbox"/> Filing Fee	Fee
<input type="checkbox"/> Executed Declaration	Surcharge Fee
<input type="checkbox"/> Other	Fee
	Fee
	Fee
	Fee
	Subtotal \$ -

☐ Information Disclosure Statement

<input type="checkbox"/> PTO Form 1449	Pages	
<input type="checkbox"/> _____ Copies of Cited References		
<input type="checkbox"/> Other		
	Fee	
	Subtotal \$ -	

☒ Response to Notice to Comply (with copy of Notice to Comply)

<input checked="" type="checkbox"/> Sequence Listing Certification	
<input checked="" type="checkbox"/> Paper Copy of Sequence Listing	Pages <u>18</u>
<input checked="" type="checkbox"/> Diskette in computer-readable format	
<input type="checkbox"/> Other	Fee

<input type="checkbox"/> Terminal Disclaimer		Fee
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group		
<input type="checkbox"/> Notice of Appeal	Pages _____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages _____	Fee _____
<input type="checkbox"/> Reply Brief	Pages _____	Fee \$ -
		Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____		Fee _____
<input type="checkbox"/> Change of Correspondence Address		
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ -
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>		
<b>SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</b>		
Name (Print/Type)	Paula A. Borden	Registration No. 42,344
Signature		Date 10-12-2001
Firm Name	Bozicevic, Field & Francis LLP	Address 200 Middlefield Road, Suite 200
City	Menlo Park	State California zip 94025
Telephone - Direct Dial	650-327-3400	Facsimile 650-327-3231

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